

MediCredit Inc.
PO Box 66700
Saint Louis MO 63166-6700
ADDRESS SERVICE REQUESTED

STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
April 03, 2013	\$337.92	57616-16115
SHOW AMOUNT PAID HERE		\$

PHONE: 1-800-552-7583

REMIT TO:

Ameren Missouri
PO Box 66529
St Louis MO 63166-6529

ADDRESSEE:

57616-16115-AM- @@@ 24147456
John R March
4601 Towne Hall Dr
Arnold MO 63010-4220

8050000 0057616161105 00337920 00337920 00337920

Detach Upper Portion and Return with Payment

YOUR ACCOUNT IS PAST DUE

Your Utility provider delivered reliable services to you and has billed you accurately and in a timely fashion. Payment in full has not been received for your final bill. If you have recently paid this bill, thank you and disregard this notice.

This account is past due. If you have not made a payment, please resolve this matter by making your full payment to your service provider.

You can pay this account with your credit or debit card through SPEEDPAY.
Please call the number below to pay immediately.

1-866-268-3729

A convenience fee of \$2.75 applies for SPEEDPAY payments.

If you are unable to pay, call Ameren Missouri toll free at: 1-800-552-7583

If you choose to pay at a pay station or by mail, please remit the stub above with your payment.

Debt Collector
MediCredit Inc.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice that you dispute the validity of this debt or any portion thereof, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

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